

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		APPROXIMATE ADJUSTMENT		AFTER THIS ADJUSTMENT							
	DID	DEP	DID	DEP	DID	DEP		DID	DEP	DID	DEP	
1	1						31					
2		1					32					
3		1					33					
4		1					34					
5		1					35					
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TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					